

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Whole Community Vision Committee</u>	
IMPORTANT: Indicate type of committee you are reporting for: <u>6</u> (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidate	
CANDIDATE COMMITTEES ONLY Candidate Name Office Sought	ETHICS & CAMPAIGN DISCLOSURE BOARD MAR 22-2007 FILED Political Party District (If Senate or House)

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Nargaret A. Morrison, Treas
SIGNATURE OF TREASURER (or person filing this report)

515-833-2929
TELEPHONE

03/20/07
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Five days before the election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report, balance must be zero) (Attach DR-3)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

☐ YES ☐ NO

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Whole Community Vision Committee

SCHEDULE**A**

(Rev. 07/03)

**MONEYARY
RECEIPTS**CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(5), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3/10/07	ID# CK#	Russell & Barb Horn 402 Lansing St. Redfield, IA 50233	none	\$ 800.00	<input type="checkbox"/>
3/10/07	ID# CK#	Elaine Petersen 1545 240th St. Redfield, IA	none	150.00	<input type="checkbox"/>
3/10/07	ID# CK#	Betty Williamson 613 3rd St. Redfield, IA 50233	none	150.00	<input type="checkbox"/>
3/10/07	ID# CK#	Larry & Janell Ketelsen 1506 Jefferson St. Redfield, IA 50233	none	100.00	<input type="checkbox"/>
3/10/07	ID# CK#	Justin & Jessica Reynolds 1606 Thomas St. Redfield, IA 50233	none	100.00	<input type="checkbox"/>
3/10/07	ID# CK#	Larry & Margaret Morrison 901 Brent St. Redfield, IA 50233	none	100.00	<input type="checkbox"/>
3/11/07	ID# CK#	Dennis & Dixie Simpson 314 Marshall St. Dexter, IA 50070	none	100.00	<input type="checkbox"/>
3/11/07	ID# CK#	Justin & Jessica Reynolds 1606 Thomas St. Redfield, IA 50233	none	150.00	<input type="checkbox"/>
3/11/07	ID# CK#	Loree & Jean Fuller ^{disappeared} 3266 Deerfield Rd Redfield, IA 50233	none	500.00	<input type="checkbox"/>
3/11/07	ID# CK#	Larry & Shirlee Ganoc 1340-318th Ct Redfield, IA 50233	none	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2250.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

* check written by Loree's father

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Whole Community Vision Committee

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
3/11/07	ID# CK#	Harold & Doris Keller 3547-3101A St. Dexter, IA 50020	none	\$ 200.00	<input type="checkbox"/>
3/11/07	ID# CK#	Eldon & Marilyn Coulter 3295 G Trail Earlham, IA 50072	none	100.00	<input type="checkbox"/>
3/11/07	ID# CK#	Lance Coulter 3295 G. Trail Earlham, IA 50072	none	50.00	<input type="checkbox"/>
3/11/07	ID# CK#	Robert & Dorothy Reynolds 3431 Duxfield Rd Redfield, IA 50233	none	300.00	<input type="checkbox"/>
3/12/07	ID# CK#	Darlene Pitsenbarger 1593-265th Place Adel, IA 50003	none	1,000.00	<input type="checkbox"/>
3/14/07	ID# CK#	Brent & Teresa Voss 3344 Delta Trail Dexter, IA 50070	none	250.00	<input type="checkbox"/>
3/16/07	ID# CK#	Steve & Rhonda Bunnell (unknown) Earlham, IA 50072	none	250.00	<input type="checkbox"/>
3/19/07	ID# CK#	Betty Wells 606-6th St. Menlo, IA 50164	none	200.00	<input type="checkbox"/>
3/14/07	ID# CK#	Arlene Moore Menlo, IA 50164	none	100.00	<input type="checkbox"/>
3/19/07	ID# CK#	Rick Moore (RR address unknown) cash in person @ meeting Menlo, IA	none	20.00	<input type="checkbox"/>
SUB-TOTAL				2470.00	<input type="checkbox"/>
TOTAL (if last page of this schedule)				\$	<input type="checkbox"/>

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3/19/07	ID# CK#	Ray & Vickie Clayton 915 Clark St. Dexter, IA 50070	none	\$ 100.00	<input type="checkbox"/>
3/19/07	ID# CK#	Barbara Cline 512 3rd Menlo, IA 50164	none	25.00	<input type="checkbox"/>
3/19/07	ID# CK#	Elbert & Shirley Williams 1191 Pinewood Ave Menlo, IA 50167	none	50.00	<input type="checkbox"/>
3/19/07	ID# CK#	Harry & Charlene Kalbach 613 Sherman Menlo, IA 50167	none	200.00	<input type="checkbox"/>
3/19/07	ID# CK#	Larry & Barbara Branson 406 5th Menlo, IA 50164	none	50.00	<input type="checkbox"/>
3/19/07	ID# CK#	Bud & Phyllis Luckenbill (George) 304 5th Menlo, IA 50164	none	100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 525.00	
TOTAL (If last page of this schedule)				\$ 525.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate's, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

B
(Rev. 07/03) MONETARY
EXPENDITURES

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/13/07	ID# CK#	Copperhead Consulting P.O. Box 158 Cohasset, IA 51354	Professional Fee	\$ 2800.00
3/13/07	ID# CK#	Allegra Print + Imaging 1000 Thomas Beck Rd Des Moines, IA 50315	Printing + postage	800.00
3/16/07	ID# CK#	Allegra Print + Imaging 1000 Thomas Beck Rd Des Moines, IA 50315	Printing + postage	250.00
3/19/07	ID# CK#	Allegra Print + Imaging 1000 Thomas Beck Rd Des Moines, IA 50315	Printing + postage	900.00
3/19/07	ID# CK#	Russell Horn 403 Lansing Redfield, IA 50233	Supplies for yard signs	\$ 50.00
3/20/07	ID# CK#	Allegra Print + Imaging 1000 Thomas Beck Rd Des Moines, IA 50315	printing + postage	100.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 4900

TOTAL (If last page of this schedule) \$ 4900

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.8(3)(j).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Whole Community Vision Committee

SCHEDULE E (Rev. 08/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
03/16/07	Helen + Paul DeRoscar 319-7th St. Menlo, IA 50164	None	direct pmt to consultant	\$ 1,000.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1,000.00

TOTAL (if last
page of this
schedule) \$ 1,000.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

6 (Rev. 02/98)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Whole Community Vision Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <u>Paul Dorr, Copperhead Consulting Services</u>		
Mailing Address <u>P.O. Box 188</u>		
City <u>Ocheyedan</u>	State <u>IA</u>	Zip Code <u>51354</u>

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>3/10/07</u> To <u>3/28/07</u>	<u>\$ 4750.00</u>

ESTIMATES OF PERFORMANCE

Identify, research information relating to the size needed, cost of project, compile factual report for dissemination to school district board issue registered voters and the public on behalf of the Committee.

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
<u>3/13/07</u>	<u>Copperhead error - mem</u>		\$

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$